

**United States Bankruptcy Court
Northern District of Illinois**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Adams, Ana C	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7787	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):
Street Address of Debtor (No. & Street, City, State & Zip Code): 1710 Harbor Lane Apt 210 Crest Hill, IL	Street Address of Joint Debtor (No. & Street, City, State & Zip Code):
ZIPCODE 60403	ZIPCODE
County of Residence or of the Principal Place of Business: Cook	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address)	Mailing Address of Joint Debtor (if different from street address):
ZIPCODE	ZIPCODE

Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box.)	Nature of Business (Check one box.)	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)
<input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 10 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding
Nature of Debts (Check one box.)		
<input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.		

Filing Fee (Check one box)	Chapter 11 Debtors
<input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

Statistical/Administrative Information												THIS SPACE IS FOR COURT USE ONLY																																																																
<input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																																																																												
Estimated Number of Creditors <table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> <td></td> </tr> </table> Estimated Assets <table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> <td></td> </tr> </table> Estimated Liabilities <table border="0"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> <td></td> </tr> </table>											<input checked="" type="checkbox"/>		<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																											
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000																																																																			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																																																																			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																		
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																																																																			

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Adams, Ana C
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)		
Location Where Filed: None	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)		
Name of Debtor: None	Case Number:	Date Filed:
District:	Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X /s/ Nicolette Robovsky Signature of Attorney for Debtor(s)
		12/12/08
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No		
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.		
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.		
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).		

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Adams, Ana C**Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Ana C Adams

Signature of Debtor

Ana C Adams**X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

December 12, 2008

Date

Signature of Attorney***X /s/ Nicolette Robovsky**

Signature of Attorney for Debtor(s)

Nicolette Robovsky 6278336
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524

December 12, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)

- I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A *bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.*

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments

over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Adams, Ana C

Printed Name(s) of Debtor(s)

X /s/ Ana C Adams

Signature of Debtor

12/12/2008

Date

Case No. (if known) _____

X

Signature of Joint Debtor (if any)

Date

Debtor(s)

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
				TOTAL 0.00

(Report also on Summary of Schedules)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	Checking Account w/ 5/3 Bank		2,000.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece		1,000.00
4. Household goods and furnishings, include audio, video, and computer equipment.	X			
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X	Clothing		250.00
6. Wearing apparel.	X			
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X	Term life - through work - No cash surrender value		0.00
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X	ESOP		50.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O T E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2006 Chevy Malibu		8,575.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

IN RE Adams, Ana C

Debtor(s)

Case No.

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X			

TOTAL **11,875.00**(Include amounts from any continuation sheets attached.
Report total also on Summary of Schedules.)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)

- 11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Check if debtor claims a homestead exemption that exceeds \$136,875.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<u>SCHEDULE B - PERSONAL PROPERTY</u>			
Checking Account w/ 5/3 Bank	735 ILCS 5 §12-1001(b)	2,000.00	2,000.00
Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
ESOP	735 ILCS 5 §12-1006(a)	50.00	50.00
2006 Chevy Malibu	735 ILCS 5 §12-1001(c)	2,400.00	8,575.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 154909768504 G M A C 15303 S 94th Ave Orland Park, IL 60462		PMSI on Chevy Malibu 7/06 VALUE \$ 8,575.00				9,249.00	674.00
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					
ACCOUNT NO.		VALUE \$					

0 continuation sheets attached

Subtotal
(Total of this page) \$ **9,249.00** \$ **674.00**

Total
(Use only on last page) \$ **9,249.00** \$ **674.00**

(Report also on
Summary of
Schedules.) (If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 10993 A-Tech Ambulance PO Box 457 Wheeling, IL 60090-0457		Medical/ Dental Bill				562.00
ACCOUNT NO. 02SC160 All-State Insurance PO Box 12055 Roanoke, VA 24022-2055		judgment				1,091.00
ACCOUNT NO. 24937 Anil K Khemani MD 3703 Doty Rd Unit 4 Woodstock, IL 60098-7517		Medical/ Dental Bill				2,576.00
ACCOUNT NO. 76928 Cardiac & Vascular Specialists 915 Center St Ste 2001 Elgin, IL 60120-2112		Medical/ Dental Bill				973.00
Subtotal (Total of this page)						\$ 5,202.00
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

3 continuation sheets attached

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 0258 Centegraph Memorial Medical Center PO Box 1990 Woodstock, IL 60098-1990		Medical/ Dental Bill			1,557.75
ACCOUNT NO. Centegraph Health System Payment Processing Dept 8101-0020 Arrowsmith, IL 61722-0017		Assignee or other notification for: Centegraph Memorial Medical Center			
ACCOUNT NO. 47898 Centegraph Primary Care 13707 W Jackson St Woodstock, IL 60098-3141		Medical/ Dental Bill			1,378.00
ACCOUNT NO. 4375646506720 Dsnb Macys 9111 Duke Blvd Mason, OH 45040		Revolving account opened 6/02			640.00
ACCOUNT NO. 183485 Fox Valley Laboratory Physicians PO Box 5133 Chicago, IL 60680-5133		Medical/ Dental Bill			150.00
ACCOUNT NO. 154911712318 G M A C 15303 S 94th Ave Orland Park, IL 60462		auto loan repossession deficiency			9,267.00
ACCOUNT NO. 771411021721 Gemb/sams Club Po Box 981400 El Paso, TX 79998		Revolving account opened 10/03			2,539.00
Sheet no. 1 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 15,531.75	
			Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 534248000103 Hsbc Bank Po Box 5253 Carol Stream, IL 60197		Revolving account opened 8/07			1,113.00
ACCOUNT NO. James West Law Offices 11111 Harwin Dr Houston, TX 77072		Assignee or other notification for: Hsbc Bank			
ACCOUNT NO. 700119111801 Hsbc/bsbuy Po Box 15519 Wilmington, DE 19850		Revolving account opened 5/02			2,355.00
ACCOUNT NO. Lake McHenry Pathology Assoc 4201 W Medical Center Dr McHenry, IL 60050		Medical or Dental Bill			305.00
ACCOUNT NO. 45068-QMRIG Mchenry Radiologists Imaging Assocs PO Box 220 McHenry, IL 60051-0220		Medical/ Dental Bills			1,429.00
ACCOUNT NO. 2585 Moraine Emergency Phys PO Box 8759 Philadelphia, PA 19101-8759		Medical/ Dental Bill			717.00
ACCOUNT NO. 0009611655 Nordstrom Fsb Po Box 6565 Englewood, CO 80155		Revolving account opened 12/03			3,404.00
Sheet no. <u>2</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 9,323.00	
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			Total	\$	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	AMOUNT OF CLAIM		
			CONTINGENT	UNLIQUIDATED	DISPUTED
ACCOUNT NO. Sherman Hospital 934 Center St Elgin, IL 60120-2125		Medical/ Dental Bill			1,115.00
ACCOUNT NO. 4352378367514201 Target Nb Po Box 673 Minneapolis, MN 55440		Revolving account opened 11/02			2,377.00
ACCOUNT NO. TDK Family Medical Center NEED ADDRESS		Medical/ Dental Bill			240.00
ACCOUNT NO. 1173 Von Maur 6565 Brady Davenport, IA 52806		Revolving account opened 10/01			479.00
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
ACCOUNT NO.					
Sheet no. 3 of 3 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal (Total of this page)	\$ 4,211.00	
			Total		
			(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		
				\$ 34,267.75	

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Widow	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Deli Clerk		
Name of Employer Walmart		
How long employed 1 years and 6 months		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	DEBTOR	SPOUSE
\$ _____	1,967.33	\$ _____
\$ _____		\$ _____

3. SUBTOTAL

4. LESS PAYROLL DEDUCTIONS	\$ _____	\$ _____
----------------------------	----------	----------

a. Payroll taxes and Social Security	\$ _____	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____

5. SUBTOTAL OF PAYROLL DEDUCTIONS

6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 357.50	\$ _____
	\$ 1,609.83	\$ _____

7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
--	----------	----------

8. Income from real property	\$ _____	\$ _____
------------------------------	----------	----------

9. Interest and dividends	\$ _____	\$ _____
---------------------------	----------	----------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
--	----------	----------

11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
---	----------	----------

12. Pension or retirement income	\$ _____	\$ _____
----------------------------------	----------	----------

13. Other monthly income (Specify) _____	\$ _____	\$ _____
---	----------	----------

	\$ _____	\$ _____
--	----------	----------

14. SUBTOTAL OF LINES 7 THROUGH 13

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 1,609.83	\$ _____
	\$ 1,609.83	\$ _____

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ _____	1,609.83
--	----------	-----------------

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,250.00
a. Are real estate taxes included? Yes <u> </u> No <u>✓</u>	
b. Is property insurance included? Yes <u> </u> No <u>✓</u>	
2. Utilities:	
a. Electricity and heating fuel	\$ 200.00
b. Water and sewer	\$
c. Telephone	\$ 50.00
d. Other _____	\$
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 300.00
5. Clothing	\$ 50.00
6. Laundry and dry cleaning	\$ 20.00
7. Medical and dental expenses	\$ 20.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 90.00
e. Other _____	\$
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 262.00
b. Other _____	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other _____	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

\$ 2,442.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$ 1,609.83
b. Average monthly expenses from Line 18 above	\$ 2,442.00
c. Monthly net income (a. minus b.)	\$ -832.17

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 17 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: December 12, 2008

Signature: /s/ Ana C Adams
Ana C Adams

Debtor

Date: _____ Signature: _____

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Adams, Ana C

Debtor(s)

Case No. _____

Chapter 7 _____

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
9,000.00	2008 income from employment
21,432.00	2007 income from employment
20,000.00	2006 income from employment

2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
15,000.00	2008 Income from employer when husband died. Used to pay funeral expenses, rent and security deposit at new apartment, car payments, utilities.

3. Payments to creditors

Complete a. or b., as appropriate, and c.

- None a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
GMC	Last 3 months	786.00	9,249.00

- None b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
Friend Friend	April 1, 2008 (Repayment of loan for funeral expenses)	5,000.00	0.00

4. Suits and administrative proceedings, executions, garnishments and attachments

- None a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

- None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
GMAC PO Box 130424 Roseville, MN 55113-0004	2008	2003 Olds Alero

6. Assignments and receiverships

- None a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)
- None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602	5/01/2008	351.00

10. Other transfers

None a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
2889 Talaga Dr, Algonquin, IL 60102		
3513 Oak Ave, 1st Floor, Brookfield, IL 60513		

16. Spouses and Former Spouses

- None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

- None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

- None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

- None a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: December 12, 2008

Signature /s/ Ana C Adams
of Debtor

Ana C Adams

Date: _____

Signature _____
of Joint Debtor
(if any)

_____ 0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Adams, Ana C

Debtor(s)

Case No. _____

Chapter 7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 11,875.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 9,249.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	4		\$ 34,267.75	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 1,609.83
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,442.00
TOTAL		15	\$ 11,875.00	\$ 43,516.75	

IN RE:

Case No. _____

Adams, Ana C

Chapter 7 _____

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 1,609.83
Average Expenses (from Schedule J, Line 18)	\$ 2,442.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 1,967.33

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 674.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 34,267.75
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 34,941.75

IN RE:

Adams, Ana C

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Ana C Adams

Date: December 12, 2008

IN RE:

Adams, Ana C

Debtor(s)

Case No. _____

Chapter 7 _____

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (*Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.*)

Property No. 1	
Creditor's Name: G M A C	Describe Property Securing Debt: 2006 Chevy Malibu
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input checked="" type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (<i>check one</i>): <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
Property will be (<i>check one</i>): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to (<i>check at least one</i>): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is (<i>check one</i>): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (*All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.*)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

_____ continuation sheets attached (*if any*)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: December 12, 2008

/s/ Ana C Adams

Signature of Debtor

Signature of Joint Debtor

IN RE:

Adams, Ana C

Debtor(s)

Case No. _____

Chapter 7 _____

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 22

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: December 12, 2008

/s/ Ana C Adams

Debtor

Joint Debtor

Document Page 29 of 42
Fox Valley Laboratory Physicians
PO Box 5133
Chicago, IL 60680-5133

Nordstrom Fsb
Po Box 6565
Englewood, CO 80155

Adams, Ana C
1710 Harbor Lane
Aot 210
Crest Hill, IL 60403

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

G M A C
15303 S 94th Ave
Orland Park, IL 60462

Sherman Hospital
934 Center St
Elgin, IL 60120-2125

A-Tech Ambulance
PO Box 457
Wheeling, IL 60090-0457

Gemb/sams Club
Po Box 981400
El Paso, TX 79998

Target Nb
Po Box 673
Minneapolis, MN 55440

All-State Insurance
PO Box 12055
Roanoke, VA 24022-2055

Hsbc Bank
Po Box 5253
Carol Stream, IL 60197

Von Maur
6565 Brady
Davenport, IA 52806

Anil K Khemani MD
3703 Doty Rd Unit 4
Woodstock, IL 60098-7517

Hsbc/bsbuy
Po Box 15519
Wilmington, DE 19850

Cardiac & Vascular Specialists
915 Center St Ste 2001
Elgin, IL 60120-2112

Internal Revenue Service
Centralized Insolvency Operations
PO Box 21126
Philadelphia, PA 19114-0326

Centegra Health System
Payment Processing
Dept 8101-0020
Arrowsmith, IL 61722-0017

James West Law Offices
11111 Harwin Dr
Houston, TX 77072

Centegra Memorial Medical Center
PO Box 1990
Woodstock, IL 60098-1990

Lake McHenry Pathology Assoc
4201 W Medical Center Dr
McHenry, IL 60050

Centegra Primary Care
13707 W Jackson St
Woodstock, IL 60098-3141

Mchenry Radiologists Imaging Assocs
PO Box 220
McHenry, IL 60051-0220

Dsnb Macys
9111 Duke Blvd
Mason, OH 45040

Moraine Emergency Phys
PO Box 8759
Philadelphia, PA 19101-8759

Debtor(s)

(If known)

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Adams, Ana C

Debtor(s)

Case No. _____

Chapter 7 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	676.00
Prior to the filing of this statement I have received	\$	351.00
Balance Due	\$	325.00

2. The source of the compensation paid to me was: Debtor Other (specify): _____
3. The source of compensation to be paid to me is: Debtor Other (specify): _____
4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
 I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

December 12, 2008

Date

/s/ Nicolette Robovsky

Nicolette Robovsky 6278336

Gleason & Gleason

77 W Washington, Ste 1218

Chicago, IL 60602

(312) 578-9530 Fax: (312) 578-9524

U.S. Individual Income Tax Return 2007

Label

(See page 15.)

Use the IRS label.
Otherwise, please print or type.

L
A
B
E
L
H
E
R
E
ANA C ADAMS
3513 OAK AV
BROOKFIELD, IL 60513

IRS Use Only - Do not write or staple in this space

OMB No. 1545-0074

Your social security number

368-77-7887

Spouse's social security number

368-56-1414

You must enter

▲ your SSN(s) above. ▲

Checking a box below will not change your tax or refund.

► You Spouse

If the qualifying person is a child but not your dependent, enter this child's name here. ►

Check only one box.

► Check here if you, or your spouse if filing jointly, want \$3 to go to the fund (see page 15). ►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

►

Tax, credits, and payments	22 Enter the amount from line 21 (adjusted gross income). 23a Check <input type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind <input type="checkbox"/> Total boxes checked ► 23a 560-77-7787 Page 2 22 21,432.
Standard Deduction for —	b If you are married filing separately and your spouse itemizes deductions, see page 30 and check here ► 23b <input type="checkbox"/>
<ul style="list-style-type: none"> • People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 30. • All others: Single or Married filing separately, \$5,350 Married filing jointly or Qualifying widow(er), \$10,700 Head of household, \$7,850 	24 Enter your standard deduction (see left margin). 24 5,350. 25 Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-. 25 16,082. 26 If line 22 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 22 is over \$117,300, see the worksheet on page 32. 26 3,400.
If you have a qualifying child, attach Schedule EIC.	This is your taxable income.
Refund	27 Tax, including any alternative minimum tax (see page 30). 27 12,682. 28 Credit for child and dependent care expenses. Attach Schedule 2. 28 1,510.
Direct deposit? See page 52 and fill in 44b, 44c, and 44d or Form 8888.	29 Credit for the elderly or the disabled. Attach Schedule 3. 29 30
Amount you owe	30 Education credits. Attach Form 8863. 30 31
Third party designee	31 Child tax credit (see page 35). Attach Form 8901 if required. 31 32
Sign here Joint return? See page 15. Keep a copy for your records.	32 Retirement savings contributions credit. Attach Form 8880. 32 33
Paid preparer's use only	33 Add lines 29 through 33. These are your total credits. 33 34
	34 Subtract line 33 from line 28. If line 34 is more than line 28, enter -0-. 34 1,510.
	35 Advance earned income credit payments from Form(s) W-2, box 9. 35 36
	36 Add lines 34 and 35. This is your total tax. 36 37
	37 Federal income tax withheld from Form(s) W-2 and 1099. 37 1,510.
	38 2007 estimated tax payments and amount applied from 2006 return. 38 1,083.
	39 Earned income credit (EIC). 39 40a
	b Nontaxable combat pay election. 40b 41
	41 Additional child tax credit. Attach Form 8812. 41 42
	42 Add lines 38, 39, 40a, and 41. These are your total payments. 42 1,083.
	43 If line 42 is more than line 37, subtract line 37 from line 42. 43 44a
	This is the amount you overpaid.
	44a Amount of line 43 you want refunded to you. If Form 8888 is attached, check here ► <input type="checkbox"/> 44a 45
	b Routing number <input type="text"/> ► c Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	d Account number <input type="text"/>
	45 Amount of line 43 you want applied to your 2008 estimated tax. 45 46
	46 Amount you owe. Subtract line 42 from line 37. For details on how to pay, see page 53. 46 427.
	47 Estimated tax penalty (see page 53). 47 48
	Do you want to allow another person to discuss this return with the IRS (see page 54)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No
	Designee's name <input type="text"/> Phone no. <input type="text"/> Personal ID number <input type="text"/> ► HR BLOCK ► (630) 858-1960 (PIN) ► 13450
	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information known to preparer and preparer has any knowledge.
	Your signature <input type="text"/> Date <input type="text"/> Your occupation SALES Daytime phone number <input type="text"/> For Info Only-Do not file
	Spouse's signature. If a joint return, both must sign. Date <input type="text"/> Spouse's occupation <input type="text"/> For Info Only-Do not file
	Preparer's signature <input type="text"/> Date <input type="text"/> Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00032039 Firm's name (if yours if self-employed), address, and ZIP code ► H AND R BLOCK ENTERPRISES INC EIN 43-1862223 ► OAK BROOK, IL 60523 Phone no. (630) 574-0390

Form 1040A (2007)

ANA C ADAMS

01WS

DESCRIPTION	DATE	WORK HOURS	XX5557787	FEDERAL TAX	TAXES DEDUCTED	YEAR TO DATE
REGULAR EARNING	113500	7989	90675	453659INS LIFE	5954	22650
OVERTIME EARN			00	40029INS DEP LIFE	2103	12183
HOLIDAY PAY			00	18149INS-STD+	363	1894
CO STK CONT			150	1500INS STD	294	1508
SUNDAY PREMIUM	10000	1601	1601	4638INS LTD-HOURLY	175	875
WRKDHSRS		7989		INS MED U *	895	5010
VAC HRS AVAIL	602			INS DEN U *	563	3152
SICK HRS AVAIL	2925			INS AD&D U *	625	3125
				SUP CAN *	62	315
				SUP ACC *	835	4175
				PERS HRS AVAIL	948	4740
				CONS OTH DEDUC	1523	00
				CHECK DEPOSIT	1303	11653
					62808	357470

SAVE 10% ON EYEWEAR ALL YEAR AT VISION CENTERS & SAM'S OPTICAL
 92426 11415 18203 62808 02-16-2008 122088457 62808
 517225 68850 90905 357470 02-29-2008

CONTINUATION OF FORM AND PAPERWORK. RETAIN FOR YOUR RECORDS.

SEQ R058676

ANA C ADAMS

01WS

DESCRIPTION	DATE	WORK HOURS	XX5557787	FEDERAL TAX	TAXES DEDUCTED	
REGULAR EARNING	113500	7237	82140	979256INS LIFE	9995	67940
OVERTIME EARN	171252	11	188	41637INS DEP LIFE	6628	75253
OVERTIME/INCT			00	-214INS-STD+	3599	31659
RETRO OVERTIME			00	-1233INS STD	363	4435
RETRO REG HRS			00	-1452INS LTD-HOURLY	00	1655
MY\$HARE INCT			00	32634INS MED U *	894	1450
SICK PAY			00	9080INS DEN U *	562	10659
HOLIDAY PAY	113500	727	8251	26400INS AD&D U *	3600	6706
CO STK CONT			150	750SUP CAN *	300	89678
SUNDAY PREMIUM	10000	1621	1621	12377SUP ACC *	32	5388
WRKDHSRS		7248		PERS HRS AVAIL	835	554
VAC HRS AVAIL	602			CO STK CONT	948	10020
SICK HRS AVAIL	3226			CONS OTH DEDUC	1523	11376
				CHECK DEPOSIT	150	00
					1153	750
					6224	
					63216	768916

92350 20222 8912 63216 05-24-2008 126927192 63216
 1100713 174852 156945 768916 06-06-2008

CONTINUATION OF FORM AND PAPERWORK. RETAIN FOR YOUR RECORDS.

SEQ G018472

ANA C ADAMS

01WS

DESCRIPTION	DATE	WORK HOURS	XX5557787	FEDERAL TAX	TAXES DEDUCTED	
REGULAR EARNING	113500	7953	90267	808053INS LIFE	10133	48405
OVERTIME EARN	171257	72	1233	41398INS DEP LIFE	6698	62230
OVERTIME/INCT			00	-214INS-STD+	3626	24552
RETRO REG HRS			00	-1135INS STD	363	3709
MY\$HARE INCT			00	32634INS LTD-HOURLY	00	1655
SICK PAY			00	9080INS MED U *	75	1300
HOLIDAY PAY			00	18149INS DEN U *	903	8900
CO STK CONT			00	450INS AD&D U *	568	5600
SUNDAY PREMIUM	10000	1624	1624	9155SUP CAN *	3600	82478
WRKDHSRS		8025		SUP ACC *	300	4788
VAC HRS AVAIL	602			PERS HRS AVAIL	32	490
SICK HRS AVAIL	2863			CO STK CONT	835	8350
				CONS OTH DEDUC	948	9480
				CHECK DEPOSIT	1523	00
					150	450
					1153	3918
					63890	644693

93274 20457 8927 63890 04-26-2008 125531465 63890
 919048 135187 139168 644693 05-09-2008

ANA C ADAMS

				01WS	FEDERAL TAX	SOCIAL SECURITY	
REGULAR EARNING	113500	7847	89063	XXXXXX7787	9540	57945	
OVERTIME EARN	171258	03	51	897116INS LIFE	6395	68625	
OVERTIME/INCT			00	41449INS DEP LIFE	3508	28060	
RETRO OVERTIME	171264	-72	-1233	214INS-STD+	363	4072	
RETRO REG HRS	113500	-28	-317	-1233INS STD	00	1655	
MY\$HARE INCT				-1452INS LTD-HOURLY	75	1375	
SICK PAY			00	32634INS MED U *	865	9765	
HOLIDAY PAY			00	9080INS DEN U *	544	6144	
CO STK CONT			00	18149INS AD&D U *	3600	86078	
SUNDAY PREMIUM	10000	1601	150	600SUP CAN *	300	5088	
WRKDHSRS		1601		10756SUP ACC *	32	522	
VAC HRS AVAIL	7850			PERS HRS AVAIL	835	9185	
SICK HRS AVAIL	602			CO STK CONT	948	10428	
	3042			CONS BTM DEDUC	1523	00	
				CHECK DEPOSIT	150	600	
					1153	5071	
					61007	705700	
89315	19443	8865	61007	05-10-2008	126225123	61007	
1008363	154630	148033	705700	05-25-2008			

SEQ Y017038

ANA C ADAMS

				01WS	FEDERAL TAX	SOCIAL SECURITY	
REGULAR EARNING	113500	8000	90800	XXXXXX7787	6884	15441	
OVERTIME EARN	170250	1323	22524	272241INS LIFE	8419	21733	
OVERTIME EARN	171132	607	10388	INS DEP LIFE	3071	7829	
HOLIDAY PAY			34495INS-STD+	294	1168		
CO STK CONT			00	18149INS STD	175	920	
SUNDAY PREMIUM	10000	812	150	1200INS LTD-HOURLY	1208	525	
WRKDHSRS		812		2107INS MED U *	760	3172	
VAC HRS AVAIL	9930			INS DEN U *	12140	1996	
SICK HRS AVAIL	602			INS AD&D U *	625	35928	
	2549			SUP CAN *	62	1875	
				SUP ACC *	835	191	
				PERS HRS AVAIL	948	2505	
				CO STK CONT	1523	2844	
				STOCK PURCH	150	00	
				CHECK DEPOSIT	1000	1200	
					87740	8000	
124674	18374	18560	87740	01-19-2008	120734613	87760	
327442	45003	54574	227865	02-01-2008			

STATEMENT OF EARNINGS AND DEBITS/CRITS - DETACH AND RETAIN FOR YOUR RECORDS

SEQ A055739

ANA C ADAMS

				01WS	FEDERAL TAX	SOCIAL SECURITY	
REGULAR EARNING	113500	8000	90800	XXXXXX7787	3369	8557	
OVERTIME EARN	170250	93	1583	181441INS LIFE	5961	13314	
HOLIDAY PAY			00	1583INS DEP LIFE	2106	4758	
CO STK CONT			150	18149INS-STD+	363	805	
SUNDAY PREMIUM			00	1050INS STD	294	626	
WRKDHSRS		8093		1295INS LTD-HOURLY	175	350	
VAC HRS AVAIL	602			INS MED U *	896	1964	
SICK HRS AVAIL	2320			INS DEN U *	564	1236	
				INS AD&D U *	12140	23788	
				SUP CAN *	625	1250	
				SUP ACC *	62	129	
				PERS HRS AVAIL	835	1670	
				CO STK CONT	948	1896	
				STOCK PURCH	1523	00	
				CHECK DEPOSIT	150	1050	
					1000	7000	
					63045	140125	
92533	11436	18052	63045	01-05-2008	120067072	63045	
202768	26629	36014	140125	01-18-2008			

STATEMENT OF EARNINGS AND DEBITS/CRITS - DETACH AND RETAIN FOR YOUR RECORDS

				01WS		FEDERAL TAX		STATEMENT OF EARNINGS, PAYROLL, AND DEDUCTIONS FOR THE MONTH OF DECEMBER, 2008	
DESCRIPTION	DATE	HOURS	PAYING TO	XXXXXX7787	SOCIAL SECURITY	FEDERAL TAX	STATE TAX	NET PAY	YEAR TO DATE
REGULAR EARNING	113500	7986	90641	90641INS LIFE	7353	5188	5188	7353	7353
HOLIDAY PAY	113500	1599	18149	18149INS DEP LIFE	332	2652	2652	442	442
CO STK CONT			150	900INS-STD+	332	332	332	175	175
SUNDAY PREMIUM	10000	1295	1295	1295INS STD	175	1068	1068	625	625
WRKDHSRS		7986		INS LTD-HOURLY	672	672	672		
VAC HRS AVAIL		602		INS MED U *	11648	11648	11648		
SICK HRS AVAIL		2133		INS DEN U *	625	625	625		
				INS AD&D U *	67	67	67		
				SUP CAN *	835	835	835		
				SUP ACC *	948	948	948		
				PERS HRS AVAIL	1523	00	00		
				CONS OTH DEDUC	1150	6900	6900		
				CHECK DEPOSIT	77080	77080	77080		

DEDUCTIONS REFLECT PARTIAL PREMIUMS FOR 2007 & 2008 COVERAGES.

110235	15193	17962	77080	12-22-2007	119402043	77080
110235	15193	17962	77080	01-04-2008		

STATEMENT OF EARNINGS, PAYROLL, AND DEDUCTIONS FOR THE MONTH OF DECEMBER, 2008

SEQ: D051412

				01WS		FEDERAL TAX		STATEMENT OF EARNINGS, PAYROLL, AND DEDUCTIONS FOR THE MONTH OF DECEMBER, 2008	
DESCRIPTION	DATE	HOURS	PAYING TO	XXXXXX7787	SOCIAL SECURITY	FEDERAL TAX	STATE TAX	NET PAY	YEAR TO DATE
REGULAR EARNING	113500	7992	90709	218440INS LIFE	2307	8574	108267	58515	163955
OVERTIME EARN		00	48975INS DEP LIFE	-	473	5885	5744		
STAR REF		00	544INS-STD+	-	347	4181			
SICK PAY		00	35040INS STD	-	175	2625			
VAC PAY		00	36320INS LTD-HOURLY	-	880	12987			
HOLIDAY PAY		00	26600INS MED U *	11450	553	8165			
CO STK CONT		00	750INS DEN U *	-	625	161936			
BEREAVEMENT		150	17520INS AD&D U *	-	69	8839			
SUNDAY PREMIUM		00	29847SUP CAN -	*	835	838			
WRKDHSRS		7992	STAR	*	00	10378			
VAC HRS AVAIL		602	STAR ARR-	*	00	43022			
SICK HRS AVAIL		1912	SUP ACC -	*	948	11782			
			CONS OTH DEDUC	-	2673	60541			
			CHECK DEPOSIT	56588	56588	1717192			

CURRENT	-90859	16766	17505	56588	12-08-2007	118738409	56588
W/H TO DATE	2379997	330757	332068	1717192	12-21-2007		

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH AND RETAIN FROM YOUR RECORDS.

SEQ: A037168

				01WS		FEDERAL TAX		STATEMENT OF EARNINGS, PAYROLL, AND DEDUCTIONS FOR THE MONTH OF DECEMBER, 2008	
DESCRIPTION	DATE	HOURS	PAYING TO	XXXXXX7787	SOCIAL SECURITY	FEDERAL TAX	STATE TAX	NET PAY	YEAR TO DATE
REGULAR EARNING	113500	4000	45400	2093692INS LIFE	5291	2530	99693	158070	56208
OVERTIME EARN	170250	67	1141	48975INS DEP LIFE	00	1843	5271		
STAR REF		00	544INS-STD+	-	00	3834			
SICK PAY		00	35040INS STD	-	175	2450			
VAC PAY	113500	3200	36320	36320INS LTD-HOURLY	804	804	12107		
HOLIDAY PAY		00	26600INS MED U *	11450	505	7612			
CO STK CONT		00	600INS DEN U *	-	625	150486			
BEREAVEMENT		150	17520INS AD&D U *	-	00	8214			
SUNDAY PREMIUM		00	29847SUP CAN	*	835	769			
WRKDHSRS		4067	STAR	*	00	9543			
VAC HRS AVAIL		602	STAR ARR-	*	00	43022			
SICK HRS AVAIL		1728	CONS OTH DEDUC	-	3621	1030			
			CHECK DEPOSIT	56855	56855	1660604			

PREMIUM HOLIDAY-YOU PAY NO LIFE OR AD&D PREMIUM THIS PAYCHECK	83011	9664	16492	56855	11-24-2007	118036233	56855
	2288138	313971	314563	1660604	12-07-2007		

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH AND RETAIN FROM YOUR RECORDS.

Document Page 38 of 42

		DIWS		FEDERAL TAX		YEAR TO DATE	
		XXXXXX7787		SOCIAL SECURITY		1488 26610	
REGULAR EARNING		113500		5625		4523 43814	
OVERTIME EARN		63844		562903INS LIFE		1542 15562	
OVERTIME/INCT		00		40029INS DEP LIFE		363 2620	
MY\$HARE INCT		00		214INS-STD+		00 1655	
HOLIDAY PAY		00		32634INS STD		75 1075	
CO STK CONT		150		18149INS LTD-HOURLY		627 6403	
SUNDAY PREMIUM		10000		1800INS MED U *		395 4029	
WRKDHSRS		834		6191INS DEN U *		3600 71678	
VAC HRS AVAIL		5625		INS AD&D U *		300 3888	
SICK HRS AVAIL		602		SUP CAN *		32 394	
		3147		SUP ACC *		835 5845	
				PERS HRS AVAIL		948 6636	
				CONS OTH DEDUC		1523 00	
				1303 14259			
				CHECK DEPOSIT		48797 462452	

SAVE AN ADDITIONAL 10% ON EYEWEAR ALL YEAR AT WAL-MART & SAM'S

64828	7553	8478	48797	03-15-2008	123462486	48797
661170	85986	112732	462452	03-28-2008	PERIODIC	AMOUNT DUE

ANA C ADAMS

		DIWS		FEDERAL TAX		YEAR TO DATE	
		XXXXXX7787		SOCIAL SECURITY		2472 25122	
REGULAR EARNING		113500		4000		5274 39291	
OVERTIME EARN		45400		499059INS LIFE		1837 14020	
OVERTIME/INCT		00		40029INS DEP LIFE		363 2257	
MY\$HARE INCT		214		214INS-STD+		167 1655	
HOLIDAY PAY		32634		32634INS STD		125 1000	
CO STK CONT		00		18149INS LTD-HOURLY		766 5776	
SUNDAY PREMIUM		10000		1650INS MED U *		482 3634	
WRKDHSRS		719		5357INS DEN U *		7870 68078	
VAC HRS AVAIL		4000		INS AD&D U *		463 3588	
SICK HRS AVAIL		602		SUP CAN *		47 362	
		3017		SUP ACC *		835 5010	
				PERS HRS AVAIL		948 5688	
				CONS OTH DEDUC		1523 00	
				1303 12956			
				CHECK DEPOSIT		56185 413655	

NOMINATE ASSOCIATES FOR AWARD FOR ETHICAL COURAGE ON THE WIRE

79117	9583	13349	56185	03-01-2008	122777733	56185
596342	78433	104254	413655	03-14-2008	PERIODIC	AMOUNT DUE

REMEMBER, RECORDS ARE MADE OF YOUR PURCHASES AND DEDUCTIONS. PLEASE KEEP YOUR RECEIPTS AND RECORDS.

ANA C ADAMS

		DIWS		FEDERAL TAX		YEAR TO DATE	
		XXXXXX7787		SOCIAL SECURITY		3357 29967	
REGULAR EARNING		113500		6533		5952 49766	
OVERTIME EARN		170250		74150		2103 17665	
OVERTIME/INCT		08		637053INS LIFE		363 2983	
MY\$HARE INCT		136		40165INS DEP LIFE		00 1655	
SICK PAY		00		214INS-STD+		75 1150	
HOLIDAY PAY		113500		800		809 7212	
CO STK CONT		74080		9080INS LTD-HOURLY		509 4538	
SUNDAY PREMIUM		150		18149INS MED U *		3600 75278	
WRKDHSRS		6541		150INS DEN U *		300 4188	
VAC HRS AVAIL		602		6191INS AD&D U *		32 426	
SICK HRS AVAIL		2516		SUP CAN *		835 6680	
				SUP ACC *		948 7584	
				PERS HRS AVAIL		1523 00	
				CONS OTH DEDUC		1303 1762	
				CHECK DEPOSIT		63330 525782	

YTD STOCK PURCHASE DEDUCTIONS START OVER THIS CHECK

83516	11412	8770	63330	03-29-2008	124148756	63330
744686	97398	121506	525782	04-11-2008	PERIODIC	AMOUNT DUE

REMEMBER, RECORDS ARE MADE OF YOUR PURCHASES AND DEDUCTIONS. PLEASE KEEP YOUR RECEIPTS AND RECORDS.

2007

Department of the Treasury
Internal Revenue Service

- Do not send to the IRS. This is not a tax return.
- Keep this form for your records. See instructions.

Declaration Control Number (DCN)

00-365257-

- 8

Taxpayer's name

ANA C ADAMS

Social security number

560-77-7787

Spouse's name

Spouse's social security number

Part I Tax Return Information - Tax Year Ending December 31, 2007 (Whole Dollars Only)		
1 Adjusted gross income (Form 1040, line 38; Form 1040A, line 22; Form 1040EZ, line 4)	1	21,432.
2 Total tax (Form 1040, line 63; Form 1040A, line 37; Form 1040EZ, line 10)	2	1,510.
3 Federal income tax withheld (Form 1040, line 64; Form 1040A, line 38; Form 1040EZ, line 7)	3	1,083.
4 Refund (Form 1040, line 74a; Form 1040A, line 44a; Form 1040EZ, line 11a; Form 1040-SS, Part I, line 12a)	4	
5 Amount you owe (Form 1040, line 76; Form 1040A, line 46; Form 1040EZ, line 12)	5	427.

Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)

Under penalties of perjury, I declare that I have examined a copy of my electronic individual income tax return and accompanying schedules and statements for the tax year ending December 31, 2007, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from my electronic income tax return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the Federal Tax Payment System (EFTPS). In order for me to initiate future payments, I request that the IRS send me a personal identification number (PIN) to a payment; I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also inquire and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for my electronic income tax return and, if applicable, my Electronic Funds Withdrawal Consent.

Taxpayer's PIN: check one box only

 I authorize HR BLOCK

ERO firm name

to enter or generate my PIN

17787

do not enter all zeros

as my signature on my tax year 2007 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Your signature ►

COPY ONLY

Date ► 04/07/2008

Spouse's PIN: check one box only

 I authorize _____

ERO firm name

to enter or generate my PIN

do not enter all zeros

as my signature on my tax year 2007 electronically filed income tax return.

I will enter my PIN as my signature on my tax year 2007 electronically filed income tax return. Check this box only if you are entering your own PIN and your return is filed using the Practitioner PIN method. The ERO must complete Part III below.

Spouse's signature ►

COPY ONLY

Date ►

Practitioner PIN Method Returns Only - continue below**Part III Certification and Authentication - Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

36525753327

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the tax year 2007 electronically filed income tax return for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and Publication 1345, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ►

J Connell

Date ► 04/07/2008

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So**

KBA For Privacy Act and Paperwork Reduction Act Notice, see page 2 of form.

Form 8879 (2007)

8879(D) (2007)

Form Software Copyright 1996 - 2008 H&R Block Tax Services, Inc.

FD8879D-1V1.0

Certificate Number: 00437-ILN-CC-004299973

CERTIFICATE OF COUNSELING

I CERTIFY that on June 25, 2008, at 8:36 o'clock AM MDT,

Ana Carolina Adams received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: June 25, 2008 By /s/Juliana Tomek

Name Juliana Tomek

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00437-JLN-CC-004299973

CERTIFICATE OF COUNSELING

I CERTIFY that on June 25, 2008, at 8:36 o'clock AM MDT,

Ana Carolina Adams received from

Black Hills Children's Ranch, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: June 25, 2008 By /s/Juliana Tomek

Name Juliana Tomek

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Adams, Ana C

Debtor(s)

Case No. _____

Chapter 7 _____

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

A. To be completed in all cases.

Date: 9/18/08

I(We) Ana C Adams and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Ana C Adams
(Debtor or Corporate Officer, Partner or Member)

Signature: _____
(Joint Debtor)